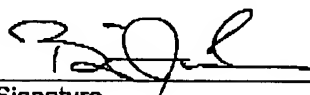
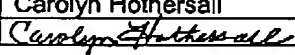


RECEIVED**CENTRAL FAX CENTER****JUN 13 2005**

TRANSMITTAL FORM		Application Number		10/685,097			
		Filing Date		October 10, 2003			
		First Named Inventor		Laxmi C. Tandon			
		Art Unit		1742			
		Examiner Name		Deborah Yee			
Total Number of Pages in This Submission		11		Attorney Docket Number		205017-9010	
ENCLOSURES (check all that apply)				PETITION FOR EXTENSION OF TIME			
<input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input type="checkbox"/> Other:				This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a _____ extension of time and pay the fee of \$_____ (37 CFR 1.17(a)(1)-(5)). <input type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.			
CLAIMS FEES							
<input checked="" type="checkbox"/> No additional claim fee is required.							
				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Addit. Claim Fee
Total	37	-	17	=0	x 25=	\$	x 50= \$0.00
Independent	6	-	3	=0	x 100=	\$	x 200= \$0.00
<input type="checkbox"/> First Presentation of Multiple Claim					+ 145=	\$	+ 290= \$0
FEES							
<input type="checkbox"/> Additional Claim Fee						\$	
<input type="checkbox"/> Extension fee for _____ month						\$	
<input type="checkbox"/> Information Disclosure Statement						\$0.00	
<input type="checkbox"/> Surcharge for Missing Parts - Declaration						\$0.00	
<input type="checkbox"/> Terminal Disclaimer						\$0.00	
TOTAL FEES						\$0.00	
PAYMENT OF FEES							
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.							
<input type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$ _____							
SIGNATURE OF ATTORNEY							
Brian J. Lum, Reg. No. 54,282 MICHAEL BEST & FRIEDRICH, LLP 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818				 Signature Date: <u>June 13, 2005</u>			
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is:							
<input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (703) 872-9306.							
<input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below							
Typed or printed name				Carolyn Hothersall			
Signature				 Date: <u>6-13-2005</u>			

S:\client\205017\9010\05058269.1

JUN 13 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Laxmi C. Tandon
Application No.: 10/685,097
Filed: October 10, 2003
For: HIGH TENSILE STRENGTH
GRAY IRON ALLOY
TC/AU: 1742
Examiner: Deborah Yee
Confirmation No.: 5500

I, Carolyn Hothersall, hereby certify that this
correspondence is being transmitted via facsimile
to Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450, facsimile number
(703) 872-9306 on 6-13-05.

Carolyn Hothersall
Signature

6-13-05
Date of Signature

AMENDMENT AND RESPONSE TO OFFICE ACTION OF APRIL 26, 2005

Commissioner for Patents
Mail Stop: Amendment
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of September 8, 2004, please amend the application as follows:

Amendments to the claims are reflected in the listing of claims which begins on page 2.

Remarks begin on page 9.